

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-82-033948

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 239

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Fulton

Length of stay in 1b
70 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Callaway Mem. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Callaway

Inside Limits
Yes ☒ No ☐c. CITY
OR TOWN

Fulton

d. STREET ADDRESS (If outside, give location)

805 Walnut St.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

Cleveland

Freeman

4. DATE
OF DEATH

Month

Day

Year

Sept.

15,

1962

5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-14-849. AGE (last birthday)
77IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

watchman

10b. KIND OF BUSINESS OR INDUSTRY
Shoe Factory11. BIRTHPLACE (City and state or country)
Callaway County, Mo., U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Effort Freeman

13b. MOTHER'S MAIDEN NAME

Myra Wilkerson

14. NAME OF HUSBAND OR WIFE

Linnie Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. J. C. Freeman, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial pneumonia

INTERVAL BETWEEN
ONSET AND DEATH
36 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Parkinson's Disease

10 yrs

DUE TO (c)

Rheumatoid arthritis

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to death and last saw her alive on 9-15-62

Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Brown MD

22b. ADDRESS

101 E. 6th, Fulton, Mo.

22c. DATE SIGNED

9-17-62

23a. BURIAL OR CREMATION
REMOVAL (Specify)

Burial

23b. DATE

9-17-62

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Fulton

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Marvin Funeral Home, Fulton, Mo.

25. DATE RECD. BY LOCAL REG.

Sept-18-1962

26. REGISTRAR'S SIGNATURE

Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10147

20147

3

4 0

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8 2

9 722.0

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11

12 1-0

13 1-0

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gene C. Maupin

Licensed Embalmer No. 5092

P. O. Address Sutton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.